

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045751

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 392

FILED DEC 26 1962

## 1. PLACE OF DEATH

a. COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kirksville

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Adair

c. CITY  
OR  
TOWN KirksvilleInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 615 N BoundryInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
615 N BoundryReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

CLIFFORD

R

ANDERSON

4. DATE  
OF  
DEATH

Month

Day

Year

December 18 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4-27-1922

## 9. AGE (last birthday)

40

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Mechanic

## 10b. KIND OF BUSINESS OR INDUSTRY

Automotive repair

## 11. BIRTHPLACE (City and state or country)

Summersville, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Charles Anderson

## 13b. MOTHER'S MAIDEN NAME

Myrtle Johnson

## 14. NAME OF HUSBAND OR WIFE

Rosalie (Henderson) Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, (specify) (No, (specify) (Unknown) (If yes, give year or dates of serv

yes

W.W.2

## 16. SOCIAL SECURITY NO.

5

## 17. INFORMANT

## Address

Mrs. C.R. Anderson, Kirksville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

asphyxiation

INTERVAL BETWEEN  
ONSET AND DEATH

UNK

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

carbon monoxide

## DUE TO (c)

auto exhaust

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

closed garage doors and reentered auto at

20c. TIME OF  
INJURYHour  
a.m.

his residence, left engine, auto run until it ran

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒pp. 2:00a 12/18/62 out of gasoline, found in front seat, ignition on  
garage at home

Kirkville, Adair, Mo.

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_

Death occurred at \_\_\_\_\_ App. 2:00a m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Print or type)

## 22b. ADDRESS

## 22c. DATE SIGNED

Nova E. Foster, Coroner Adair Co.

Kirksville, Adair, Mo.

12/18/62

23a. BURIAL, CREMATION,  
REMOVAL (specify)

Burial

## 23b. DATE

12-20-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Summersville City Cem.

## 23d. LOCATION (City, town, or county)

Summersville, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Davis &amp; Davis, Kirksville, Mo.

## 25. DATE RECD. BY LOCAL REG.

12-18-1962

## 26. REGISTRAR'S SIGNATURE

Davis W. Ratliff

Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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Permit issued Dec 18, 1962

JAN 10 1963

JAN 4 1963

JAN 18 1963

JAN 4 1963

JAN 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.